


ORIGINAL

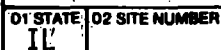
 <b>POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT</b>		<b>I. IDENTIFICATION</b> 01 STATE 02 SITE NUMBER IL 768 009 0001	
<b>II. SITE NAME AND LOCATION</b>			
01 SITE NAME (Legal, common, or descriptive name of site) Central Regional Laboratory		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 536 South Clark	
03 CITY Chicago	04 STATE IL	05 ZIP CODE 60605	06 COUNTY Cook
07 COUNTY Cook		08 CONG DIST 031	
09 COORDINATES LATITUDE		LONGITUDE	
10 DIRECTIONS TO SITE (Starting from nearest public road) The facility is located on the 10th floor of a building that is bounded by Clark Street on the East, Harrison Street on the South, LaSalle Street on the West and Congress Parkway on the North. The facility is two blocks (on Clark Street) south of the John C. Kluczynski Federal Building.			
<b>III. RESPONSIBLE PARTIES</b>			
01 OWNER (If known) U. S. Environmental Protection Agency		02 STREET (Business, mailing, residential) 536 South Clark	
03 CITY Chicago	04 STATE IL	05 ZIP CODE 60605	06 TELEPHONE NUMBER (312) 353-8370
07 OPERATOR (If known and different from owner) Curtis Ross (Director)		08 STREET (Business, mailing, residential) 536 South Clark	
09 CITY Chicago	10 STATE IL	11 ZIP CODE 60605	12 TELEPHONE NUMBER (312) 353-8370
13 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input checked="" type="checkbox"/> B. FEDERAL: <u>U.S. EPA</u> <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ <input type="checkbox"/> G. UNKNOWN (Specify)			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: <u>02</u> / <u>08</u> / <u>81</u> <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ / _____ / _____ <input type="checkbox"/> C. NONE MONTH DAY YEAR MONTH DAY YEAR			
<b>IV. CHARACTERIZATION OF POTENTIAL HAZARD</b>			
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE <u>09</u> / <u>08</u> / <u>87</u> <input type="checkbox"/> NO MONTH DAY YEAR		BY (Check all that apply) <input checked="" type="checkbox"/> A. EPA <input checked="" type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input checked="" type="checkbox"/> F. OTHER: <u>Chicago Fire Department</u> (Specify) CONTRACTOR NAME(S): <u>Booz, Allen and Hamilton, Inc.</u>	
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION <u>1972</u> BEGINNING YEAR <u>_____</u> ENDING YEAR <input type="checkbox"/> UNKNOWN	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Substances are chemicals used as standard reference materials during the analysis of Environmental samples for organic and/or inorganic toxic pollutants.			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION Substances are completely contained within the laboratory. Unused chemicals and/or laboratory waste are stored in DOT approved containers and shipped to EPA approved disposal facilities in DOT approved vehicles. There is not a hazard to the population and/or environment.			
<b>V. PRIORITY ASSESSMENT</b>			
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input checked="" type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
<b>VI. INFORMATION AVAILABLE FROM</b>			
01 CONTACT Gilbert Frye		02 OF (Agency/Organization) U.S. Environmental Protection Agency, Central Regional Laboratory	
04 PERSON RESPONSIBLE FOR ASSESSMENT Gilbert Frye		05 AGENCY U.S. EPA	06 ORGANIZATION ESD/CRL
		07 TELEPHONE NUMBER (312) 353-9084	08 DATE <u>04</u> / <u>11</u> / <u>88</u> MONTH DAY YEAR

EPA FORM 2070-12 (7-81)

US EPA RECORDS CENTER REGION 5



492956



☐ I. HIGHLY VOLATILE  
☐ J. EXPLOSIVE  
☒ K. REACTIVE  
☐ L. INCOMPATIBLE  
☐ M. NOT APPLICABLE



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

IL

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_

(Acres)

04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY

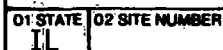
02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION



<input type="checkbox"/> A. TOXIC	<input type="checkbox"/> E. SOLUBLE	<input type="checkbox"/> I. HIGHLY VOLATILE
<input type="checkbox"/> B. CORROSIVE	<input type="checkbox"/> F. INFECTIOUS	<input type="checkbox"/> J. EXPLOSIVE
<input type="checkbox"/> C. RADIOACTIVE	<input type="checkbox"/> G. FLAMMABLE	<input type="checkbox"/> K. REACTIVE
<input type="checkbox"/> D. PERSISTENT	<input type="checkbox"/> H. IGNITABLE	<input type="checkbox"/> L. INCOMPATIBLE
		<input type="checkbox"/> M. NOT APPLICABLE

## VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)